

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

Registration District No. 684

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4408

State File No. _____

Registrar's No. 41

42731

1. PLACE OF DEATH: Bowling Green
(a) County Bowling Green
(b) City or town Bowling Green
(c) Name of hospital or institution: 1910
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 210
In this community 50 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Jordan Byrle Gibbs
8. (b) If veteran, name war Old age 3. (c) Social Security No. Person
4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 26 - 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Bedford Co. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grocery clerk

12. Name Wm. Harvey Gibbs

13. Birthplace Bedford Co. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Bradford

15. Birthplace Bedford Co. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle Gibbs

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof Dec. 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director H. B. K. Moore

(b) Address Bowling Green

19. (a) Dec 8 1941 (b) M. D. Summerkamp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike 87
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2
year 1941 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Jan 36, 1936, to Nov. 28, 1941,
that I last saw him alive on Nov 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis

Due to Heart

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. H. W. Jones (M. D. or other) _____

Address Bowling Green 2116 Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 1-42-31

Date Filed JAN 9 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by me, or by~~.....

Not Embalmed

....., Registered Apprentice No.,
working under my personal supervision.

Signed *H. B. Chmore*

Licensed Embalmer No. 3466

P. O. Address *Bowling Green*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.